

SENT VIA EMAIL OR FAX ON
Mar/17/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L2/3 Facet Block under fluoroscopy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 12/28/09 and 1/13/10

Neurosciences & Spine 02/14/08 thru 8/17/09

MRIs 8/5/09 and 4/1/08

Radiology Reports 3/12/07 thru 3/13/09

X-Ray 4/14/06

Dr. 1/17/07 and 1/24/07

Dr. 7/29/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx. She is status post PLIF at L3-L4 and L4-L5 on 3/12/2007. She is morbidly obese. She complains of intermittent posterior right thigh pain with prolonged sitting, or standing. Her examination reveals weakness of the right dorsiflexion, knee extensors, and hip flexors. She underwent L2-L3 facet injections on

04/10/2009 and, again, most recently, on 12/17/2009. After the 04/10/2009 injection she noted 80% pain relief that lasted one month. The response to the 12/17/2009 injection is unknown. Apparently she states that she received greater pain relief with epidural steroid injection on 09/12/2008. An EMG 07/29/2009 suggested continued irritation at L5-S1 bilaterally. An MRI of the lumbar spine 08/05/2009 shows a mild bulge at L2-L3 with facet hypertrophy and fluid in the facet joints. The provider is requesting an L2-L3 facet block under fluoroscopy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on a careful review of the submitted documentation, the lumbar facet injection at L2-L3 is not medically necessary. According to the ODG, "Low Back" chapter, "at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)". Firstly, it is not known what the response to the second facet block of 12/2009 was. Secondly, an additional therapeutic facet block would not be recommended for reasons quoted above. Either a medial branch block or a facet rhizotomy would be a consideration, at this point. However, there does not appear to be a medically necessary reason as to why as additional facet block at L2-L3 is indicated. Moreover, the patient reports a greater response to a prior epidural steroid injection. Therefore, based on the submitted documentation, the requested L2-L3 facet block is not medically necessary.

References/Guidelines

ODG "Low Back"

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)